2012 Gangwon Provincial Government Invitation Program for Local Government Officials and University Students of Sisterhood Governments

[Yonsei University, Wonju Campus / Gangwon Provincial Government of KOREA]

APPLICATION FORM

*** Please provide us with a photo copy of your passport along with the application.**

Photo

□ Personal Information

1. Name (Family)_____(Given)_____
2. Date of Birth (mm)_____(dd)_____(yyyy)_____
3. Sex: M( ) F( )
4. Nationality _____
5. Passport Number _____
6. Mailing Address _____

   _____
7. Tel. (Country_____) - (area_____) _____
8. E-Mail address_____
9. English Language Proficiency (○)

Beginner	Intermediate	Advanced	Fluent

10. Korean Language Proficiency (○)

* If you are beginner, Can you write Korean Alphabet? Yes ( ), No ( )

Beginner	Intermediate	Advanced	Fluent

I apply to the 2011 Gangwon Provincial Government Invitation Program for Local Government Officials and University Students of Sisterhood Governments during July 09~July 27, 2012 at Yonsei University, Wonju Campus, Gangwon, R. O. Korea.

Date_____ Signature_____

Health Information FORM

This form must be signed by a health care provider. (Physician, Nurse or corresponding person)

1. Name (Family)_____(Given)_____
2. Date of Birth (mm)_____(dd)_____(yyyy)_____
3. Sex: M( ) F( )
4. Country _____ Nationality _____
5. Height _____(cm) Weight _____(kg)
6. Address_____
   _____
7. Telephone Number _____
8. If you have any active medical problems at present, please explain:
   _____
   _____
   _____
9. If you are under a physician's care at present, please explain:
   _____
   _____
   _____
10. Do you have a history of high fever (>38℃) in last 30 days? Yes ( ), No ( )
    If yes, please explain the cause and treatment:
    _____
    _____
    _____
11. If you have a history of any of the following, please explain:

▪Heart condition

_____

▪Diabetes

_____

▪Allergies

_____

▪Bleeding

_____

▪Conditions

_____

▪Psychiatric Illnesses

_____

12. Are there any types of food you do not eat? (pork, chicken, etc.,)

_____

Health Information FORM

This form must be signed by a health care provider. (Physician, Nurse or corresponding person)

13. If you have a history of any of the following, please explain:

▪Operations

_____

▪Asthma

_____

▪Epilepsy

_____

▪Avian Influenza

_____

14. Tropical Disease (Malaria, Bilharzia, Amebiasis, Leprosy, Filariasis. etc.)

_____

_____

_____

15. Tuberculosis Screening

Do you have signs or symptoms of active tuberculosis disease? Yes ( ), No ( )

If yes, Date of Chest X-ray_____ Result: Normal( ) Abnormal ( )

List current medication

_____

16. In the event of an emergency, please notify_____

Address

_____

Telephone

_____

Relationship

_____

I hereby certify that the above information is all true.

Date_____ Signature_____